

# Exhibit 18

# W. R. Grace Asbestos Personal Injury Questionnaire



WR GRACE PIQ 013763-0001



10315607116590

RE:

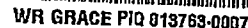
Morris & Sakalarios  
610 West Pine Street  
Hattiesburg MS 39401

REC'D JUL 10 2006

REDACTED



000938116590



**1. Name of Claimant:**

2. Gender: ☐ Male ☒ Female

First MI Last

3. Race (for purposes of evaluating Pulmonary Function Test results):.....☐ White/Caucasian  
☒ African American  
☐ Other

**4. Last Four Digits of Social Security Number:**

**5. Birth Date:**

6. Mailing Address: \_\_\_\_\_  
 Address City State/Province Zip/Postal Code

**7. Daytime Telephone Number:..**

b. **LAWYER'S NAME AND FIRM**

1. Name of Lawyer: Nasser Anthony Shakarian

2. Name of Law Firm With Which Lawyer is Affiliated; Morris Sakalians Blackwell

3. Mailing Address of Firm: 1817 Hardy St Hattiesburg Ms. 39401  
Address City State/Province Zip/Postal Code

4. Law Firm's Telephone Number or Lawyer's Direct Line:..... (601) 544-3343

☒ Check this box if you would like the Debtors to send subsequent material relating to your claim to your lawyer, in lieu of sending such materials to you.

c. CAUSE OF DEATH (IF APPLICABLE)	
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1. Is the injured person living or deceased? ☒ Living ☐ Deceased  
If deceased, date of death: \_\_\_\_\_

**2. If the injured person is deceased, then attach a copy of the death certification to this Questionnaire and complete the following:**

**Primary Cause of Death (as stated in the Death Certificate):** \_\_\_\_\_

**Contributing Cause of Death (as stated in the Death Certificate):** \_\_\_\_\_

## PART II: ASBESTOS-RELATED CONDITION(S)

Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire.

**1. Please check the box next to the condition being alleged:**

☐ Asbestos-Related Lung Cancer  
☒ Asbestosis  
☐ Other Asbestos Disease

☐ Mesothelioma  
☐ Other Cancer (cancer not related to lung cancer or mesothelioma)  
☐ Clinically Severe Asbestosis

a. **Mesothelioma:** If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply):

☐ diagnosis from a pathologist certified by the American Board of Pathology

☐ diagnosis from a second pathologist certified by the American Board of Pathology

☐ diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition

☐ other (please specify): \_\_\_\_\_

**REDACTED**



James W. Ballard, M.D.

3332 Knollwood Drive • Birmingham, AL 35243  
Phone (205) 967-1699

NIOSH Certified B-Reader



#### X-RAY EVALUATION

August 18, 2000

Anthony Sakalarios  
Morris, Sakalarios & Blackwell, PLLC  
610 West Pine St.  
Hattiesburg, MS 39401

Re:

SSN

PA view of the chest dated 04/06/00 is reviewed for the presence of and classification of pneumoconiosis according to the ILO 80 classification.

Film quality is grade 2 due to slight underexposure. Inspection of lung parenchyma demonstrates interstitial changes in the mid and lower lung zones bilaterally, consisting of small and irregular opacities of size and shape s/f, profusion 1/0.

There are no pleural plaques, pleural thickenings or pleural calcifications. No parenchymal infiltrates, nodules or masses are seen. The heart is of normal size and the mediastinal structures are unremarkable.

**CONCLUSION:** The above parenchymal changes are consistent with asbestosis provided the subject's exposure history and period of latency are appropriate.

James W. Ballard, M.D.

REDACTED

REDACTED

WORKER'S Social Security Number

TYPE OF READING

A ☒ P

WR GRACE PIQ 013763-0022

<b>1A. DATE OF X-RAY</b> MONTH DAY YEAR 04 06 00		<b>1B. FILM QUALITY</b> If not Grade 1 Give Reason: 1 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> U/R <i>Slightly underexposed</i>		<b>1C. IS FILM COMPLETELY NEGATIVE?</b> YES <input type="checkbox"/> Proceed to Section 5 NO <input checked="" type="checkbox"/> Proceed to Section 2																																					
<b>2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?</b> YES <input checked="" type="checkbox"/> COMPLETE 2B and 2C NO <input type="checkbox"/> Proceed to Section 3																																									
<b>2B. SMALL OPACITIES</b> a. SHAPE / SIZE <table border="1" style="width:100%; text-align: center;"> <tr> <th colspan="2">PRIMARY</th> <th colspan="2">SECONDARY</th> </tr> <tr> <td>p</td><td>s</td> <td>p</td><td>s</td> </tr> <tr> <td>q</td><td>i</td> <td>q</td><td>i</td> </tr> <tr> <td>r</td><td>u</td> <td>r</td><td>u</td> </tr> </table>		PRIMARY		SECONDARY		p	s	p	s	q	i	q	i	r	u	r	u	b. ZONES <table border="1" style="width:100%; text-align: center;"> <tr> <td></td><td></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input checked="" type="checkbox"/></td><td><input checked="" type="checkbox"/></td> </tr> </table> R L				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	c. PROFUSION <table border="1" style="width:100%; text-align: center;"> <tr> <td>0/</td><td>00</td><td>0/1</td> </tr> <tr> <td>1/0</td><td>1/1</td><td>1/2</td> </tr> <tr> <td>2/1</td><td>2/2</td><td>2/3</td> </tr> <tr> <td>3/2</td><td>3/3</td><td>3/4</td> </tr> </table>		0/	00	0/1	1/0	1/1	1/2	2/1	2/2	2/3	3/2	3/3	3/4	<b>2C. LARGE OPACITIES</b> SIZE <input checked="" type="checkbox"/> A B C Proceed to Section 3	
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<b>3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS?</b> YES <input type="checkbox"/> COMPLETE 3B, 3C and 3D NO <input checked="" type="checkbox"/> Proceed to Section 4																																									
<b>3B. PLEURAL THICKENING</b> a. DIAPHRAGM (plaque) SITE <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L b. COSTOPHRENIC ANGLE SITE <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L		<b>3C. PLEURAL THICKENING . . . Chest Wall</b> <table border="1" style="width:100%;"> <tr> <th colspan="2">a. CIRCUMSCRIBED (plaque)</th> <th colspan="2">b. DIFFUSE</th> </tr> <tr> <td colspan="2">           SITE <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L            IN PROFILE I. WIDTH            II. EXTENT            FACE ON            III. EXTENT         </td> <td colspan="2">           SITE <input type="checkbox"/> O <input type="checkbox"/> L            IN PROFILE I. WIDTH            II. EXTENT            FACE ON            III. EXTENT         </td> </tr> </table>				a. CIRCUMSCRIBED (plaque)		b. DIFFUSE		SITE <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L IN PROFILE I. WIDTH II. EXTENT FACE ON III. EXTENT		SITE <input type="checkbox"/> O <input type="checkbox"/> L IN PROFILE I. WIDTH II. EXTENT FACE ON III. EXTENT																													
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<b>3D. PLEURAL CALCIFICATION</b> SITE <input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L EXTENT a. DIAPHRAGM b. WALL c. OTHER SITES		SITE <input type="checkbox"/> O <input type="checkbox"/> L EXTENT a. DIAPHRAGM b. WALL c. OTHER SITES Proceed to Section 4																																							
<b>4A. ANY OTHER ABNORMALITIES?</b> YES <input type="checkbox"/> COMPLETE 4B and 4C NO <input checked="" type="checkbox"/> Proceed to Section 5																																									
<b>4B. OTHER SYMBOLS (OBLIGATORY)</b> <table border="1" style="width:100%; text-align: center;"> <tr> <td>O</td><td>ax</td><td>bu</td><td>ca</td><td>cn</td><td>co</td><td>cp</td><td>cv</td><td>di</td><td>el</td><td>em</td><td>es</td><td>fr</td><td>hl</td><td>ho</td><td>ld</td><td>lh</td><td>kl</td><td>pl</td><td>px</td><td>rp</td><td>tb</td> </tr> </table> (SPECIFY od.) <input type="checkbox"/> OD Report items which may be of present clinical significance in this section. Date Personal Physician notified? MONTH DAY YR						O	ax	bu	ca	cn	co	cp	cv	di	el	em	es	fr	hl	ho	ld	lh	kl	pl	px	rp	tb														
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<b>4C. OTHER COMMENTS</b>   SHOULD WORKER SEE PERSONEL PHYSICIAN BECAUSE OF COMMENTS IN SECTION 4C. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Proceed to Section 5																																									

5. FILM READER'S INITIALS

JWB

PHYSICIAN'S SOCIAL SECURITY NUMBER\*

417503115

DATE OF READING

MONTH DAY YR  
08 18 06

Complete if social security number is not furnished:

NAME (LAST-FIRST-MIDDLE)

STREET ADDRESS

CITY

STATE

ZIP CODE

\*Furnishing your social security number is voluntary. Your refusal to provide this number will not affect your right to participate in this program.

William C. Pinkston, M.D.

107 Windrush Drive  
Ridgeland, MS 39157

Phone: (601) 853-0259

E-MAIL: WCPINKSTON@MOL.COM

Fax: (601) 853-7838



WR GRACE PIQ 013783-0023

December 19, 2002

Anthony Sakalarios, Esq.  
201 Hardy Street  
Hattiesburg, MS 39401

Re:

**REDACTED**

Dear Mr. Sakalarios:

This is a physician's report pertaining to the above-named client. is a 50 year old African-American female. She has a high school education. She has no military experience.

**EMPLOYMENT HISTORY:** She worked at Cooper Steel in Greenville from 1969 to 1974 as an operator and for the Vlastic Pickle Company as a machine operator from 1975 to 1992. She remembers working in the boiler room. She thinks she mixed asbestos mud, but is not sure.

**SMOKING HISTORY:** She started smoking in 1979 and smokes "off and on mostly on special occasions."

**RESPIRATORY SYMPTOMS:** The patient gets out of breath when climbing stairs. She has problems with wheezing and coughing with occasional reddish sputum production. No chest pain. She had asthma as a child.

**MEDICATIONS:** None.

**SURGICAL HISTORY:** Negative.

**REVIEW OF SYSTEMS:** Positive for hay fever and nasal allergies.

**FAMILY HISTORY:** Her sister has lung cancer.

**PHYSICAL EXAMINATION:**

General: Well-developed, obese, black female in no acute distress.

HEENT: There are no lesions of the oropharynx. She has upper dentures.

Neck: No masses or thyromegaly.

Lungs: Clear to auscultation.

Heart: Regular rhythm without murmur, gallop, or rub.

Extremities: No cyanosis, clubbing, or edema.

**REDACTED**

Mr. Anthony Sakalarios, Esq.  
December 19, 2002  
Page 2



Re: **REDACTED**

**PROCEDURES:**

Pulmonary function studies are normal except for a mild reduction in diffusing capacity at 75% of predicted.

Chest x-ray dated 4/6/00 was reviewed for the presence of pneumoconiosis by Dr. James W. Ballard according to the ILO 1980 classification. The film is quality 2 due to underexposure. Irregular interstitial infiltrates are seen in the mid and lower lung zones bilaterally with a shape and size S/T and profusion of 1/0. She has no pleural abnormalities noted.

**IMPRESSION:** Given the patient's history of significant exposure to aerosolized asbestos associated with an appropriate latency, and given the roentgenographic findings and the reduction in diffusing capacity on pulmonary function testing, I feel with a reasonable degree of medical certainty that this patient has pulmonary asbestosis.

**RECOMMENDATIONS:**

1. She was told of an increased risk of lung cancer, mesothelioma, and other non-pulmonary malignancies associated with asbestos exposure.
2. She was advised to have yearly chest x-rays, pulmonary function tests and screening for gastrointestinal malignancy.
3. She was advised that her chest x-ray and pulmonary function may deteriorate in the absence of further asbestos exposure.
4. She was advised to refrain from use of any tobacco-containing products.

I hope the above information is useful to you. If I can be of further assistance, please let me know.

Sincerely,

A handwritten signature in cursive script, which appears to read "William C. Pinkston", is written over the typed name.

William C. Pinkston, M.D.

WCP:rb



WR GRACE PIQ 013763-0025

**Asbestos Medical Evaluation**

**Dr. Gregory A. Nayden**  
Board Certified in Internal Medicine

SSN:

October 10, 2000

**History:**

**Occupational:** is a 48 year old who reports exposure to asbestos material from 1969 through 1985. She was exposed while working around insulation and overhead piping insulated with asbestos as a machine operator and welder. She denies any respiratory complaints such as shortness of breath, cough, or chest pain. She smokes 1 pack of cigarettes per week since 1977.

**Past Medical:** None.

**Physical Exam:** The patient is normal appearing for stated age and is alert, oriented, and in no apparent respiratory distress. The chest is normal. The lungs are clear to auscultation. The heart has a regular rhythm with no murmurs or gallops. The fingers show no clubbing or cyanosis, and the ankles show no edema.

**Pulmonary Function Testing:** Performed 10/10/2000 utilizing Crapo/Hsu predicted values for spirometry, lung volumes, and diffusion.

FVC = 2.40L (78% predicted)

TLC = 3.99L (85% predicted)

FEV1 = 1.91L (74% predicted)

DLCO mL/mmHg/min = 15.4(62% predicted)

FEV1/FVC = 79%

DLCO/VA l/min/mmHg = 4.99(93% predicted)

These values are consistent with a mild obstructive defect.

**Chest Radiography:** CXR dated 04/06/2000 was evaluated by Dr. James Ballard on 08/18/2000 and revealed irregular interstitial opacities in both mid and lower lung zones, the size and shape of which are classified as s/t and the profusion of 1/0. The pleural surfaces are normal.

**Diagnostic Impression:**

1. Bilateral interstitial fibrotic changes consistent with pulmonary asbestosis.
2. Given the asbestos exposure history, pulmonary function testing, and physical examination results, I concur with the NIOSH B-Readers radiographic evaluation.

**Prognosis/Recommendations:** Due to the latency period between exposure to asbestos and the proof of clinically significant asbestos-related disease, patients have an increased risk of developing bronchogenic carcinoma, mesothelioma, and other cancers, as well as the further deterioration in pulmonary function, even in the absence of additional asbestos exposure, therefore close clinical follow-up is recommended.

*G. Nayden*  
Dr. Gregory A. Nayden

REDACTED





REDACTED



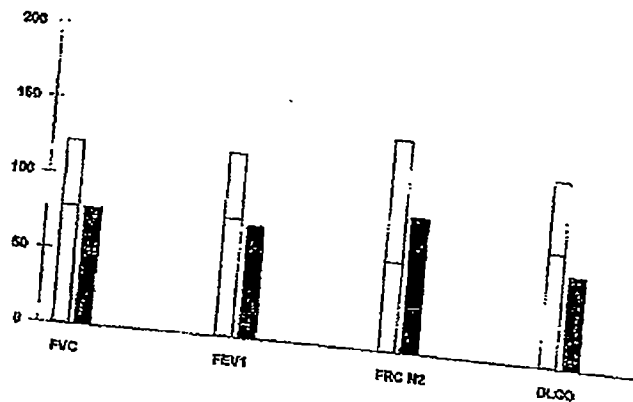
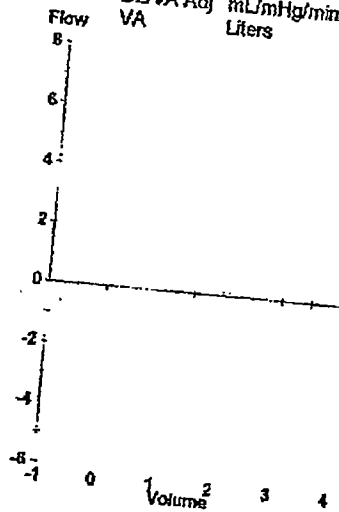
WR GRACE PIQ 013763-0026

Name:  
 Gender: Female  
 Age: 48 Race: Black  
 Height(in): 62 Weight(lb): 177  
 Any info:

Id:  
 Date: 10/10/00  
 Temp: 23 PBar: 775  
 Physician: NAYDEN  
 Technician: John McMurphy CRTT

(BTPs)		PRED	PRE-RX		POST-RX		% Chg
			BEST	%PRED	BEST	%PRED	
FVC	Liters	3.08	2.40	78			
FEV1	Liters	2.57	1.91	74			
FEV1/FVC	%	83	79				
FEF25-75%	L/sec	2.89	1.83	63			
FEF50%	L/sec		2.65				
PEF	L/sec		4.15				
MVV	L/min						
(BTPs)		PRED	PRE-RX	%PRED	POST-RX	%PRED	% Chg
TLC	Liters	4.73	3.99	85			
RV	Liters	1.64	1.59	97			
RV/TLC	%	34	40				
FRC N2	Liters	2.62	2.35	90			
VC	Liters	3.08	2.40	78			
DLCO	mL/mmHg/min	24.9	15.4	62			
DL Adj	mL/mmHg/min	24.9	15.4	62			
DLCO/VA	mL/mHg/min/L	5.38	4.99	93			
DLVA Adj	mL/mHg/min/L		4.99				
VA	Liters		3.09				

REDACTED



( ) = OUTSIDE 95% CONFIDENCE INTERVAL

Norm Set: Crapo/Hsu

Version: IYS-0101-05-1A